

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Dietitian License Reinstatement

To reinstate your license send this form with the reinstatement fee of \$40 and the required documentation (detailed at the bottom of this form) to the office address shown above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below, send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$40
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state or U.S. territory?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline – or have you resigned in lieu of discipline or termination?			YES NO
<b>Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:</b>			
<input type="checkbox"/> I am a United States Citizen <input type="checkbox"/> am a qualified alien (as defined under 8 U.S.C. § 1641)			
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

#### OTHER DOCUMENTS NEEDED:

- Proof of Continuing Education at least 30 hours
- Signed work history from the date your license expired to current
- Copy of a current CDR card
- Verification of any and all licenses, certificates, registrations ever held

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Medical Licensing Board of Indiana please email [renewal3@pla.in.gov](mailto:renewal3@pla.in.gov) or call 317-234-2060.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date